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CONFIRMATION NO. 6776

| SERIAL NUMBER | FILING or 371(c) DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. |
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| 09/681,585 | 05/02/2001 RULE | 707 | 2129 | 597932000700 |

APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY **

05/24/2001

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|---------------------------|---|--------------------------------|---|------------------|-----------------|--------------|--------------------|
| Foreign Priority claimed | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 35 USC 119(a-d) conditions met | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | STATE OR COUNTRY | SHEETS DRAWINGS | TOTAL CLAIMS | INDEPENDENT CLAIMS |
| Verified and Acknowledged | /BENJAMIN J BUSS/ Examiner's Signature | | Initials | VA | 21 | 28 | 4 |

ADDRESS

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TITLE

Method and system for analyzing drug adverse effects

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|----------------------------|---|---|
| FILING FEE RECEIVED 887 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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